

BEST AVAILABLE COPY

1082
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National Stage Processing
(703) 305-3631

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/423974		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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TOTAL IND.											
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TOTAL CLAIMS											
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TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09/423974	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							51						
102							52						
103							53						
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48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			57				TOTAL DEP.						
TOTAL CLAIMS			60				TOTAL CLAIMS						